

PRINCIPLES OF FRACTURES

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Objectives

Basic Knowledge about →

- How fractures happen
- Types & classification of fractures
- Management of closed #s
- Complications of #s
- Fracture Healing

Note

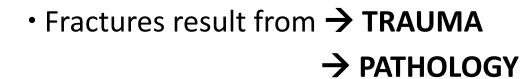
Topics **NOT** included in this session are \rightarrow

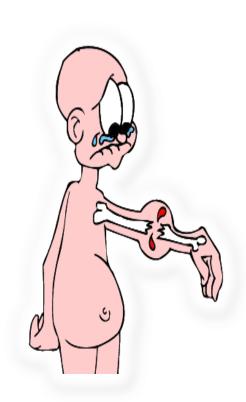
- I. Open Fractures
- II. Fractures in children

These topics are dealt with **separately**

Introduction

- A FRACTURE is a BREAK in the structural continuity of BONE
- It may be → Crack or hair-line
 - → Complete; Incomplete
 - → Displaced; Non-displaced
 - → Open; Closed
 - → Intraarticular





Remember

A fracture is a **SOFT TISSUE injury** in which the **BONE** is **broken**



Classification of fractures

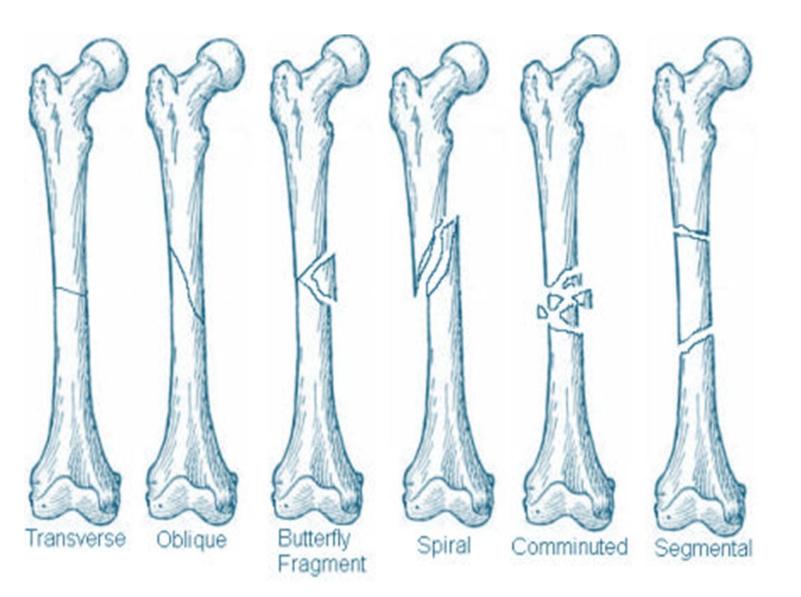
· Simple →

- Transverse
- Oblique
- Short oblique
- Spiral
- Avulsion

• Multi-fragments →

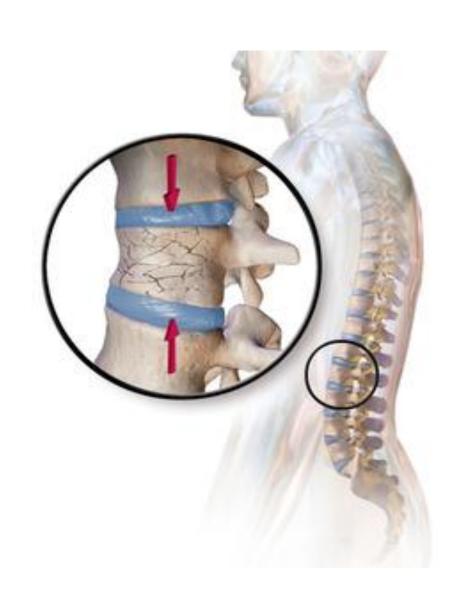
- Butterfly
- Comminuted
- Segmental
- Compression

Classification



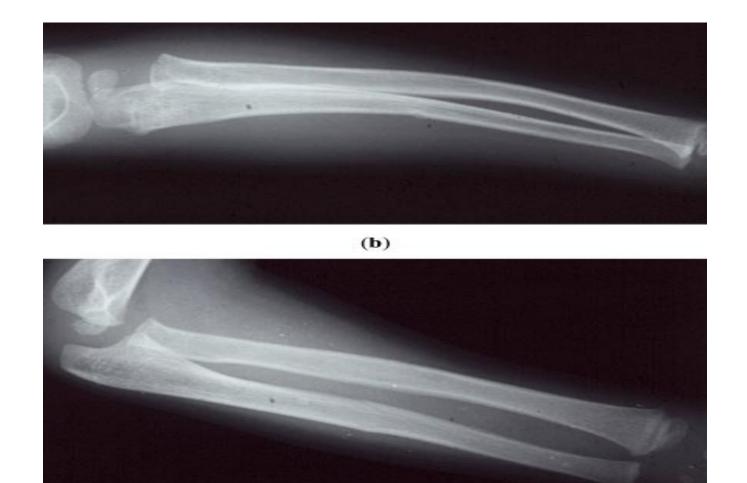
Classification

Compression #

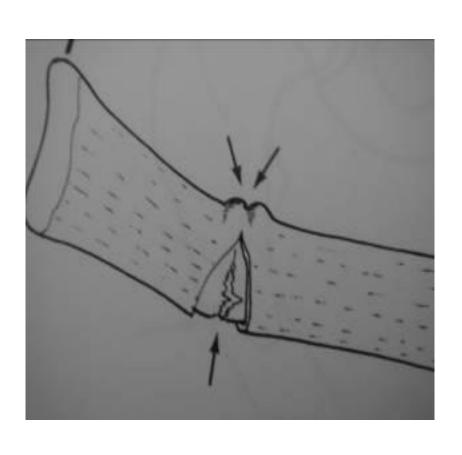


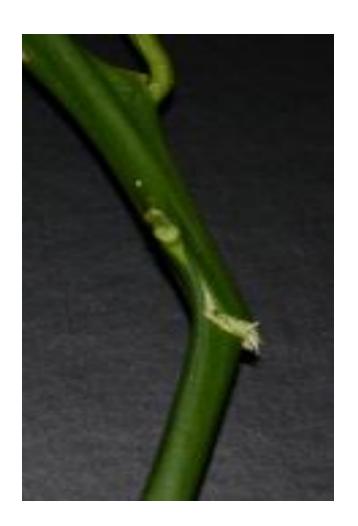
Incomplete

Plastic deformation



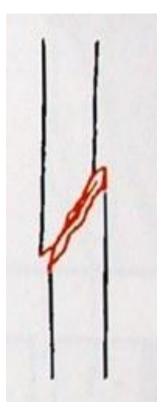
Green-stick





AO/OTA Classification (Alphanumeric)





BoneHumerus1SegmentDiaphysis2TypeSimpleAGroupOblique2SubgroupMiddle2

1 2 — A 2 2

Bone Segment Type Group Subgroup

Fracture Displacement

- Translation → Shift (M-L/ A-P)
- Angulation → Tilt (M-L/A-P)
- Rotation → Twist
- Impaction
- Length → Overlap / Distraction
- Combinations

Management

 \rightarrow ATLS

Clinical presentation

Imaging

Investigations

• ttt

Clinical Picture

- H/O → Trauma (ATLS)
 (Note that in pathological #s trauma could be trivial)
- C/O → Pain; Deformity; Inability to move the limb; There could be an associated wound or other injuries
- O/E → Look, Feel, Move

(N/V status)

Clinical Picture

Secondary Injuries → (ATLS)

- Thoracic
- Spinal
- Pelvic & Abdominal
- Others (Skull, OMF, etc)

Imaging

- $\cdot X/R \rightarrow \text{Rule of 2}$
- Special Imaging →
 CT, MRI, Angiography, US

Investigations

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Depending on the cause → Trauma
→ Pathological
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- CBC
- Blood grouping & cross-matching
- Chemistry → LFT; KFT (Bone & Hormone profiles)
- Serology
- Microbiology → C&S; Gm-stain; others
- Histopathology & Tumour markers

ttt of Closed Fractured

1- Conservative

2- Operative

ttt of Closed Fractures

Basic Points

Fractures are **immobilized** to \rightarrow

- 1. Alleviate pain
- 2. Ensure good alignment for union
- 3. Permit early mobilization of the limb and return of function
- 4. Avoid complications of prolonged recumbancy

Conservative

(Reduce→ Hold→ Exercise)

- Closed Reduction for displaced #s
- Cast; Brace; Splint
- Traction (continuous) → Gravity (UL)
 - → Skin
 - → Skeletal
- Exercise accordingly

Conservative ttt



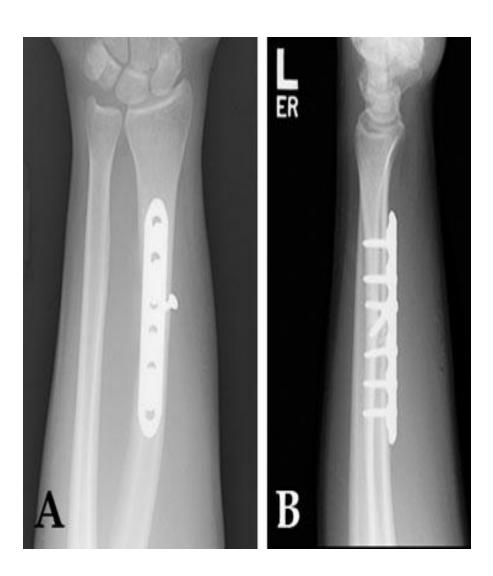
Operative ttt

Open Reduction + Internal Fixation

Closed Reduction + Internal Fixation

Types of Internal Fixation





Types of Internal Fixation



Stress Fractures

 A # attributed to prolonged continued stress (seen in military; athletes; dancers)

· Clinical Features:-

C/O pain on walking;

O/E tender swelling over 2nd or 3rd MTB

• XR → Non-displaced hair-line # +/- callus

Stress Fractures

ttt → Usually heals spontaneously, otherwise B/K splint for 3 or 4 weeks



Pathological Fractures

- Definition → # in a diseased bone
- Types → Congenital (O.I); Metabolic; Benign or Malignant
- Clinical Features → Pain; Deformity; +/- constitutional \$
- Imaging → X/R; CT; MRI; Bone scan
- ttt → According to cause; Cast; ORIF + BG;
 (NB, in case of malignancy → Biopsy + Fixation)

Pathological Fractures



Complications of Fractures

· LOCAL

GENERAL

Local Complications

• Early \rightarrow

N/V; Soft tissue injury; Infection; Stiffness Sudek's atrophy;

• Late \rightarrow

Delayed union; Mal-union; Non-union; AVN; LLD; Wasting; OA; Volkmann's ischemic contracture

→ In Children → Growth-plate injuries

General Complications

Hypovolemia (Pelvis, Femur, etc.)

ARDS

• FE

• DVT / PE

Functional disability

Healing takes place through \rightarrow

1- **Direct** union

2- Indirect union (Callus)

- A common misunderstanding is that, in order for a fracture to heal, it has to be immobilized
- Fractures heal naturally by Callus formation whether immobilized or not
- To unite without deformity, fracture ends are to be approximated and aligned.
- Callus formation is stimulated by movement

1- Direct Union

- When # ends are opposed & rigidly fixed
- Through direct osteoblastic new bone formation between the fragments



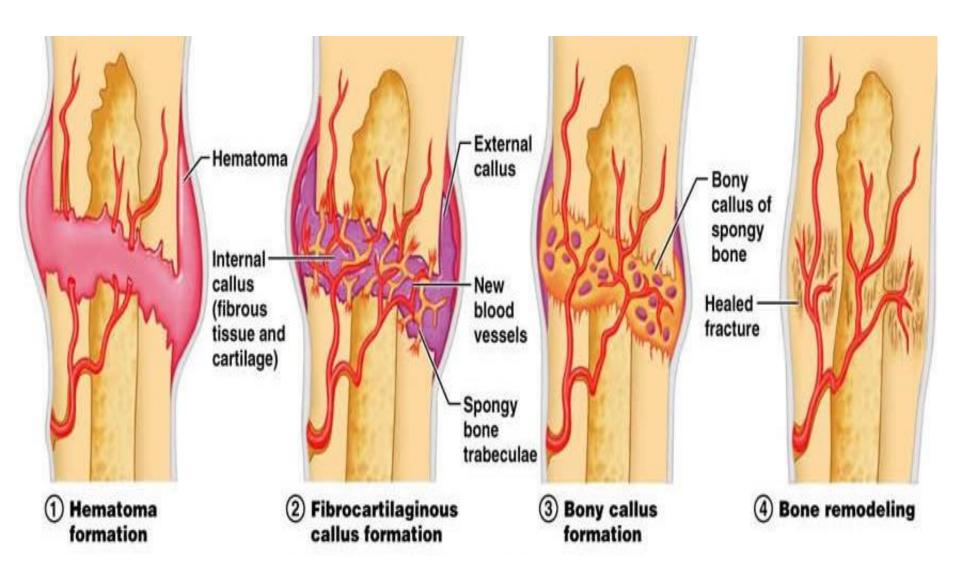


- 2- Indirect union (callus)
 - → In the **absence** of rigid fixation
 - → Natural form of healing in Tubular bones

Five stages →

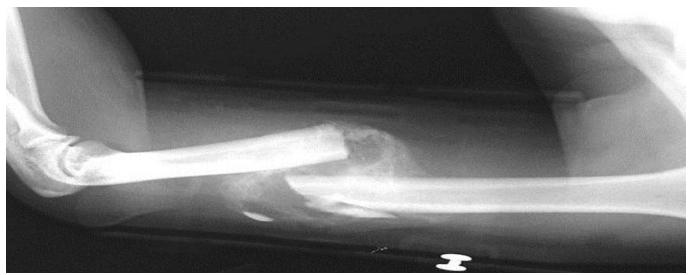
- i) Tissue destruction & Hematoma
- ii) Inflammation & Cellular proliferation
- iii) Soft Callus
- iv) Consolidation (hard callus)
- v) Remodeling

Healing by Callus



Healing by Callus





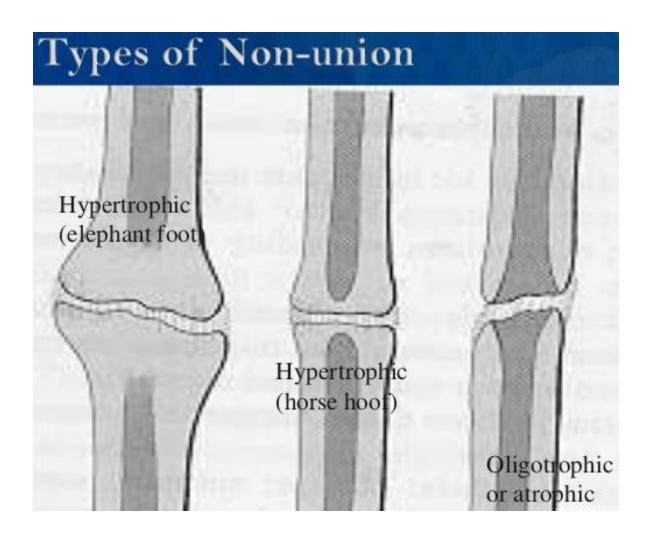
Nonunion

Definition →

A # that has **not healed** & has **no potential to heal** without further intervention

- **1. Delayed union** → Prolonged (more than expected)
- **2. Nonunion** → Atrophic (avascular)
 - → Hypertrophic (vascularized)
- **3. Malunion** → Healing with a wrong alignment

Types of Non-union



Non-union & Mal-union





Nonunion

Causes \rightarrow

1. **Host Factors** \rightarrow Local Vs Systemic (smoking, anemia, immunedeficiency, Infection, etc.)

2. # Factors -> Soft tissue interposition, distraction, etc

Treatment

Delayed union:-

- → Deal with the **underlying cause** (anemia, smoking, excessive movement at # site, etc)
- → **Promote** healing (exercise to improve blood supply, PWB, bone growth-promoting factors)
- \rightarrow ORIF
- Non-union:-
 - 1. Hypertrophic → ORIF + Compression
 - 2. Atrophic → ORIF + B.G

Note → Surgical trauma could further jeopardize the soft tissue status